

787

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

MAR 13 1937

1. PLACE OF DEATH

County Johnson  
Township Stam  
City St. Louis (No. 2471)

Registration District No. 399  
Primary Registration District No. 1007

File No. 6249  
Registered No. 536  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 2471 Spencer St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Faulhaber  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 - 1888  
7. AGE YEARS 48 MONTHS 5 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo

13. NAME Edward Faulhaber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. State

15. MAIDEN NAME Storia Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT (ADDRESS) Edna Faulhaber

18. BURIAL, CREMATION, OR REMOVAL Removal DATE Feb 5 1937

19. UNDERTAKER (ADDRESS) Rock & Handman

20. FILED 2 1937 M. M. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1937  
22. I HEREBY CERTIFY, that I attended deceased from Feb. 1 1937 to Feb. 3 1937  
I last saw him alive on Feb. 2 1937. Death is said to have occurred on the date stated above, at 3:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Influenza Date of onset 1/30/37

Other contributory causes of importance:  
Pneumonia  
Cardiac Failure 1/2/37  
1/3/37

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Physical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Yes Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Yes  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) C. H. Vincent, M. D.  
(Address) 800 Biggley Bldg

ACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. N. B.—Every item of information should be stated in plain terms.

